

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

67,023-01B

RECEIVED
CENTRAL FAX CENTER

AUG 02 2004

Applicant: Silvis et al.

Serial No.: 10/722,674

Filed: 11/25/03

Group Art Unit: 2856

Examiner: R. Raevs

PARTICULATE SAMPLING PROBE AND DILUTION TUNNEL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OFFICIAL

AMENDMENT

Dear Sir:

This is in response to the Office Action mailed March 31, 2004. Please amend the application as follows:

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10-722674

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20=	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	—
X43=		OR X86=	—
+145=		OR +290=	—
TOTAL		OR TOTAL	770

* If the difference in column 1 is less than zero, enter "0" in column 2

8-2-04 **CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	** 20	= —
	Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	**	=
	Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	Minus	**	=
	Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY